

**Virginia Scope of Practice – Ad Hoc Committee**  
**Office of EMS Technology Park**  
**July 29, 2008**  
**10:30 am**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Staff:</b>	<b>Others:</b>
James Dudley, M.D. Asher Brand, M.D. Allen Yee, M.D. Debbie Akers Jeff Meyer Dreama Chandler Randy Baum James Gray Tom Jarman	Stewart Martin, excused Jeff Reynolds, excused	Gary Brown Scott Winston Warren Short Greg Neiman Chad Blosser George Lindbeck, M.D. Tom Nevetral	

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Welcome</b>	The meeting was called to order at 10:35 AM and committee members were welcomed and advised of their charge. "The committee is charged with developing and providing necessary implementation guidelines for a scope of practice for each EMS level receiving Virginia certification in an effort to standardize the practice by identifying a ceiling under which EMS is delivered."	
<b>II. Introductions</b>	Committee members were asked to introduce themselves	
<b>III. Approval of Minutes</b>	None prior	
<b>IV. State Medical Director</b>	Dr. George Lindbeck expressed comments from the Atlantic EMS Council meeting that was recently held by stating that 5 of the 8 State EMS Directors advised that there was a huge hole in the model as presented and there was a need for a level between Advanced EMT and paramedic. It was also stated that the scope of practice must be dynamic (ever changing) as medical science evolves.	
<b>V. New Business</b>	There was discussion on establishing a Virginia Scope of Practice beginning with the floor (minimums) and developing a ceiling (maximums) for practice at all certification levels. In addition, there was a discussion on whether Virginia Intermediate should stay or be removed. It was determined that Virginia can support the Intermediate level without additional effort and that the Atlantic EMS Region can produce Intermediate test questions that could be	

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	utilized to support the Intermediate certification level in Virginia.	
	<p>Discussion was held on IRB criteria for pilot programs.</p> <p>Discussion followed as to the ability of a local physician to establish specific skills not listed on the scope of practice. A policy would have to be devised to outline what criteria would be required to allow an OMD to add to the approved list of skills/medications. Further investigation concerning the scope of practice physician direction of skills and Institutional Review Board (IRB) issue will be investigated and reported back at the next committee meeting.</p> <p>Jeff Meyer presented a spreadsheet which detailed the present certification levels as well as the NSP levels. This spreadsheet indicates the “essential” and “optional columns”.</p> <p>It was requested that these revised schedules be sent to the committee members along with the listing of the “Specialty Teams Schedules” to the committee members along with the committee members e-mail addresses.</p>	<p><b>Motion by Randy Baum and seconded by James Gray that Virginia should adopt the four levels of the National Scope of Practice (NSP) model (Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT) and paramedic) as well as maintain a Virginia Intermediate certification level... Motion passed unanimously.</b></p> <p><b>Motion by Randy Baum and seconded by Jeff Meyer to move the “optional” column (which is the educational minimum) and merge it with the “essentials” column so that there exists a single column from which to work ... Motion passed.</b></p>
<b>VI. Old Business</b>	none	
<b>XIII. Public Comment</b>	none	
<b>XIV. For the Good of the Order</b>	none	
<b>XV. Adjourn</b>	<b>NEXT MEETING: August 27, 2008 at Office of EMS Technology Park</b>	